

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 567466

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21		1				
22			1			
23				1		
24					1	
25						1
26						
27						
28						
29						
30						
31						
32		1				
33			1			
34				1		
35	1					
36		1				
37			1			
38				1		
39					1	
40						1
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	19					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						